

# **Regional Oral Health Summit**

## **Executive Summary**

### **Background**

Poor oral health in young children and limited access to dental care emerged as significant health issues in the Prop 10 Strategic Plans for Lassen, Modoc, Plumas and Sierra counties. As a result, the California Children and Families Commission (CCFC) provided \$20,000 to Lassen CFC to convene a multidisciplinary two-day regional oral health summit to address these problems. Fifteen community and commission members from the four counties and a consultant with a background in dental public health and rural health care served as the Planning Committee for this project.

### **Goal of the Summit:**

To improve oral health and access to regular dental care for children prenatally to age 5 and their families in the four counties.

### **Purposes of the Summit:**

1. Review the status of oral health in young children in this region;
2. Review the status of dental care resources for low-income/underserved families in this region;
3. Discuss barriers to oral health and dental care, and community assets;
4. Outline potential strategies to improve oral health and access to dental care;
5. Discuss federal, state, local and regional programs and initiatives that relate to oral health or dental care;
6. Discuss community resources that might be leveraged to initiate regional and county projects or services, through an integrated systems approach;
7. Begin to create regional and county action plans through an integrated systems approach.

### **Planning Process**

An agenda was developed to create a forum for collaboration that combined presentation of information, sharing of perceptions and experiences, and a discussion of potential strategies for action and a sequence of priorities. Prior to the summit four different questionnaires were widely distributed to parents, agency representatives, dental health professionals, and other health professionals to obtain their perceptions on various issues: availability of dental care, use of ER facilities for dental problems and oral injuries, barriers and incentives to accessing and providing dental care, characteristics that indicate a valuing of oral health and young children, roles for various community groups in improving oral health, and ways they individually might want to be involved in a regional collaborative effort. 49 parents, 25 agency representatives, 15 dental

professionals and 6 health professionals eventually responded. Those responses received prior to the summit were summarized and used during the summit to facilitate a discussion of differing perspectives on barriers and solutions to access. Lack of information or misinformation emerged in the following areas:

- Developmentally appropriate preventive dental measures for young children
- Management of oral injuries
- Best age for first dental screening
- What is covered and how often by Denti-Cal and other public financing programs
- Where to find dental care for young children with various levels of need
- Ways to translate oral health knowledge into appropriate actions
- What it is like to be “low-income”.

The Planning Committee also reviewed a list of over 100 potential barriers to dental care from the viewpoint of consumers, providers and systems, and noted which ones were most relevant for each county. County profiles were also developed from each of the county’s strategic plans.

## Format and Content of the Summit

Forty-two participants attended the summit on October 23-24 at the Feather River Inn in Blairsden. The state CFC was represented and the Technical Assistance Center to the Commission provided three staff members to assist with registration and to support the primary facilitators. The media contractor for the commission arranged for videotaping of portions of the meeting. These will be edited to disseminate information about the summit and to promote it as a model that can be used to address other regional efforts to create healthy children.



Registration

## Day One

Each participant received a binder of resource and workshop materials as well as samples of infant oral health products and other resources from two resource tables. At the beginning of the summit all participants shared what they personally/professionally could contribute to the meeting and outlined their expectations for the two-day meeting. Themes of Prop 10 and the role of Children and Families Commissions were reviewed and a glossary of oral health terms was provided and discussed to ensure a common frame of reference for communication. Breaks and meal functions were structured so that participants could network and engage in joint planning efforts.

The first afternoon focused on sharing knowledge about the status of oral health in the region, various barriers to achieving optimal oral health and accessing regular dental care, and current assets and resources available to address these issues. The sessions highlighted the assets of the region but also the gaps in services and the need for additional data on oral health status and the extent of services currently being delivered. In the evening a panel of representatives from Denti-Cal, Delta Dental, DHS Primary & Rural Health Care Branch, California Child Care Health Program, Trinity County Dental Van Program, Sierra Health Foundation, and Dr. McKee, a practicing dentist, discussed strategies and resources available to improve children's oral health. Many of these strategies focused on multidisciplinary activities that could be integrated into other efforts to improve services such as transportation, childcare, clinic infrastructure, reimbursement policies and procedures, screening and primary prevention programs such as fluorides/fluoridation.

## Day Two

Dr. Ramos-Gomez, a pediatric dental public health specialist from UCSF provided a lively overview of interdisciplinary approaches to children's oral health. He discussed the etiologies of early childhood caries—the major chronic disease affecting young children—and ways that all health professionals and children's programs could help prevent this infectious disease. Key messages included:

- Maternal oral health affects the baby's health, so counseling should start prenatally.
- Oral health is integral to general health.
- Baby teeth are important for development of speech, eating skills, social acceptance and self-esteem, and maintaining space in the jaws for the permanent teeth.
- Dental decay (dental caries) is an infectious chronic disease; in early childhood the bacteria that cause decay are transmitted to infants by caretakers, usually mothers.
- Frequent intake of foods/beverages containing sugar is more harmful than the amount of sugar consumed.
- Measures are available to help prevent early childhood caries, but choices and combinations of measures need to be offered to match a child's needs and risk factors as well as the family's daily realities.
- Maintenance of oral health is influenced by literacy and education levels, cultural beliefs and practices, and other daily priorities.
- Improvements in oral health require a multidisciplinary approach.



Dr. Francisco Ramos-Gomez

Participants divided into county groups to brainstorm what strategies should be addressed on a regional basis versus through local or county approaches, and which groups or



County Brainstorming Session

individuals were not in attendance who would be valuable resources to invite to participate in a collaborative effort. Many groups/individuals who could play a role were identified by the four counties. A list of regional strategies was collapsed into categories and everyone voted for their top three priorities. The following top priorities emerged:

- Develop an ongoing Regional Coalition for communication, action and grant writing
- Plan collaborative trainings for dental professionals, health professionals, child care providers and parents
- Develop a plan for regional recruitment and retention of dentists
- Promote and create a collaborative media campaign on oral health
- Increase appropriate use of fluorides/fluoridation.

## Actions

A coalition steering committee was established to review the issues discussed at the summit, schedule meetings to develop a specific action plan, invite others to join the coalition, and disseminate information from the conference to those unable to attend. Upcoming deadlines for grant submissions and times/mechanisms for disseminating information were reviewed. To highlight the importance of personal actions, each participant stated what they personally would do to further the coalition-building process after the summit.

*Communities are improved because individuals convinced other individuals to think and act differently.*

## Evaluation

To conclude the meeting, the initial list of expectations as well as issues that emerged during the course of the meeting were reviewed to determine if expectations were met and if additional follow-up was needed. Results of the summit evaluations indicated a high level of satisfaction (>4.4 on a 5 point scale) for the conference meeting expectations, providing relevant information, fostering sharing of ideas, and fostering a nonjudgmental environment.

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